Page 1 of 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TRAVEL EXPENSE ACCOUNT**  BA-12 (3/97)  The statement on the reverse side must be completely filled in by the payee prior to  signature. Receipts must be attached as required by travel regulations. | | | DATE OF CLAIM | | |
| DEPARTMENT | | |
| NAME OF OFFICER OR EMPLOYEE | | | DIVISION | | |
| ADDRESS | | | SECTION | | |
| CITY | | | FOR PERIOD | | |
| Expense Summary | | | | | | |
| **Automobile:** | **Lump-Sum Allowance** | | | **$** | **$** | |
| **Per Mile Cost:** | **mi. @ 0.70** | | **$** |
| **mi. @ 0.70** | | **$** |
| **Subsistence:** | **Lodging** | | | **$** | **$** | |
| **Meals (SEE PPM 49 FOR RECEIPTS REQUIRED**  **FOR SPECIAL AND HIGH COST AREA MEALS)** | | | **$** |
| **Tolls and Parking** |  | | | | **$** | |
| **Tips (excluding daily incidental)** |  | | | | **$** | |
| **Other Expenses** |  | | | | **$** | |
| **Less: Travel Advance** |  | | | | **$** | |
| **Total Reimbursable Costs** |  | | | | **$** | |

# Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have

been paid by the State; and that the full amount is justly due.

|  |  |  |
| --- | --- | --- |
| SIGNED BY PAYEE | TITLE OR POSITION | OFFICIAL DOMICILE |

# Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

|  |  |  |
| --- | --- | --- |
| NAME | SIGNED BY: | TITLE |

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Cost Center** | **GL Account** | **Fund** | **Order#** | **Grant #** | **WBS Element** | **Functional Area** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Page 2 of 2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **HOUR**  **(SPECIFY AM/PM)** | | **TERRITORY TRAVELED**  **SHOW ALL POINTS VISITED** | **ODOMETER  READING** | | **MILES**  **TRAV.** | **SUBSISTENCE** | | | **TOLLS AND PARK.** | **TIPS** | **OTHER EXPENSES** | |
| **LODGING** | **MEALS** | |
| **NO.** | **COST** |
| **DEP.** | **ARR.** | **DEPART** | **ARRIVE** | **DESCRIPTION** | **COST** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **TOTALS** |  |  |  | **$** |  | **$** | **$** | **$** |  | **$** |